

09/752393

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DN</i>	<i>32</i>	<i>1/30</i>
FORMALITY REVIEW	<i>H-T</i>	<i>913</i>	<i>02/14/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected N Non-elected
..... Allowed I Interference
(Through numeral)... Canceled A Appeal
..... Restricted O Objected

Claim	Date
Final Original	
1	5/18/03
2	1/23/04
3	1/23/04
4	1/23/04
5	1/23/04
6	1/23/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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